

**Superior Court of Washington**  
**County of \_\_\_\_\_**

In re the Detention of:  _____ Respondent	<b>Case No. _____</b>  <b>Order Revoking Less Restrictive Alternative Treatment / Conditional Release (ORLRAT)</b>
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**Hearing**

The court held a hearing on the ☐ petitioner/s' ☐ court's revocation petition/motion in this case.

The following people were present at the hearing:

☐ Respondent appeared ☐ in person ☐ by video

**and** was represented by \_\_\_\_\_.

☐ Respondent waived their appearance through counsel.

☐ A separate appearance waiver has been filed.

☐ Respondent orally waived their appearance through defense counsel, and the court accepts this waiver.

☐ Petitioner appeared ☐ in person ☐ by video

**and** was represented by \_\_\_\_\_.

☐ Guardian ad litem (GAL) ☐ appeared in person ☐ appeared by video ☐ waived appearance

☐ Guardian ad litem (GAL) waived Respondent's appearance.

☐ Witness \_\_\_\_\_ appeared ☐ in person ☐ by video or

☐ under CR 43 ☐ by telephone ☐ \_\_\_\_\_.

☐ Witness \_\_\_\_\_ appeared ☐ in person ☐ by video or

☐ under CR 43 ☐ by telephone ☐ \_\_\_\_\_.

☐ Agreed Order

In addition to the written findings of fact and conclusions of law, the court incorporates by reference the oral findings of fact and conclusions of law.

## Findings of Fact

1. The court reviewed the relevant court file and received testimony, if any, and finds by clear, cogent, and convincing evidence that:
  - ☐ **Waiver of Hearing.** Respondent waives hearing on the revocation petition and agrees to hospitalization.
  - ☐ **Less Restrictive Alternative (LRA) Based on Felony Charges, Likelihood of Harm, Gravely Disabled:**
    - ☐ **Violation of Order.** Respondent violated the terms and conditions of the order and judgment for less restrictive alternative treatment/conditional release entered into on \_\_\_\_\_ by: \_\_\_\_\_.
    - ☐ **Substantial Deterioration of Functioning.** A substantial deterioration of the Respondent's functioning has occurred.
    - ☐ **Substantial Decompensation.** Respondent has suffered substantial decompensation with a reasonable probability that the decompensation can be reversed by further inpatient treatment.
    - ☐ **Likelihood of Serious Harm.** Respondent poses a likelihood of serious harm.
  - ☐ **LRA Based On Assisted Outpatient Behavioral Health Treatment.** As a result of a behavioral health disorder:
    - ☐ **Likelihood of Serious Harm.**
      - ☐ There is a substantial risk that Respondent:
        - ☐ will inflict physical harm upon themselves, as evidenced by threats or attempts to commit suicide or inflict physical harm to themselves.
        - ☐ will inflict physical harm upon another person, as evidenced by behavior which has caused such harm or which places another person or persons in reasonable fear of sustaining such harm.
        - ☐ will inflict physical harm on the property of others, as evidenced by behavior which has caused substantial loss or damage to the property of others.
      - ☐ The person has threatened the physical safety of another and has a history of one or more violent acts.
    - ☐ **Gravely Disabled.** Respondent is gravely disabled.
      - ☐ Respondent is in danger of serious physical harm resulting from a failure to provide for their essential human needs of health or safety.
      - ☐ Respondent manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over their actions and is not receiving such care as is essential for their health or safety.

**Treatment.** After considering less restrictive alternatives to involuntary detention and

treatment, no such alternatives are in the best interests of the Respondent or others. There are no viable modifications to the less restrictive alternative treatment order that are in the best interests of the Respondent or others. The best interests of the Respondent and others would be served if the Respondent was committed for inpatient treatment.

**2. Adequate Space for Respondent's Substance Use Disorder Treatment.**

☐ A secure withdrawal management and stabilization facility with adequate space for the respondent ☐ is available ☐ is not available.

☐ An approved substance use disorder treatment program with adequate space for the respondent ☐ is available ☐ is not available.

**3. ☐ Agreed Order.** Respondent, after consultation with counsel, agrees to the entry of this order.

**4. Other.** \_\_\_\_\_  
\_\_\_\_\_

**Conclusions of Law**

The court makes the following conclusions of law:

**5. Jurisdiction.** The court has jurisdiction over the parties and subject matter of this mental illness proceeding.

**6. Commitment for Inpatient Treatment.** The court should order the Respondent committed for a period of inpatient treatment.

**7. Other.** \_\_\_\_\_  
\_\_\_\_\_

**Orders**

The court orders that:

**8. Remand and Commitment.** Respondent is remanded into the custody of Department of Social and Health Services (DSHS) or to a facility certified by the Department of Health for commitment:

☐ Inpatient mental health treatment at: \_\_\_\_\_  
\_\_\_\_\_

☐ Secure withdrawal management and stabilization facility at: \_\_\_\_\_  
\_\_\_\_\_

☐ Approved substance use disorder treatment program at: \_\_\_\_\_  
\_\_\_\_\_

☐ Other: \_\_\_\_\_  
\_\_\_\_\_

for a period not to exceed (*select one*):

[ ] (check only if LRA was based on an initial detention petition or a 14-day inpatient treatment/90-day less restrictive treatment petition.)

14 days from (date of revocation hearing): \_\_\_\_\_

[ ] (check only if LRA was based on a 90-day or 180-day inpatient treatment or less restrictive treatment petition.)

(number of days remaining on the LRA): \_\_\_\_\_ days

9. **Escape and Recapture.** If the Respondent escapes from the treatment facility, any Peace Officer shall apprehend, detain, and return the Respondent to the treatment facility or to the evaluation and treatment facility designated by a Designated Crisis Responder.

[ ] **Transportation.** The Respondent is remanded into the custody of: \_\_\_\_\_ for transportation and delivery to the treatment facility.

10. **Other.** \_\_\_\_\_  
\_\_\_\_\_

**Dated** \_\_\_\_\_

\_\_\_\_\_  
**Judge / Commissioner**

Approved for entry

Approved for entry

\_\_\_\_\_  
Attorney for Petitioner DPA/AAG

\_\_\_\_\_  
Attorney for Respondent

WSBA No. \_\_\_\_\_

WSBA No. \_\_\_\_\_

\_\_\_\_\_  
Respondent

Interpreter certifies that they have reviewed this order with the Respondent.

\_\_\_\_\_  
Interpreter